

Critical Analysis of Midwives' Impact on Maternal and Neonatal Health in Saudi Arabia

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Abstract

Specifically, this paper discusses how midwives influence maternal and neonatal health care in Saudi Arabia. This paper contributes to filling this gap by providing an analysis of the role of midwives despite improvements in the health care system's stock and decreasing maternal and neonatal mortality ratios. The research concerns midwives' role in shaping the nature of care, maternal and neonatal health, and maternity care systems. The information was obtained both from structured and unstructured documents, interviews with healthcare professionals, surveys, and statistical health reports. Findings reveal that midwives contribute a lot to providing ANC, skilled birth attendance, and PNC but are constrained by factors including inadequate training, poor deployment, and practices that are culturally irrational. Based on the paper's findings, recommendations are made to enhance and expand midwifery services in Saudi Arabia.

Keywords: *Asynchronous virtual education; Covid-19; Factor analysis; ICT; University faculty.*

Introduction

An investigation into investment in maternal and neonatal health care as a measure of national health systems' performance KSA has gradually achieved its MDG targets for reducing both maternal and neonatal mortalities, mainly through increased health care facilities, easier access to health facilities, and continuous medical progression. However, one aspect of maternal care that can hardly be overlooked, although it seems to be underestimated, is that of midwives. In Saudi Arabia, midwives play a significant role in the whole package of care for pregnant women: antepartum, intrapartum, and postpartum care. However, interest in their potential to influence the overall health of women and newborns has been limited in the research literature.

Saudi Arabian midwives are mostly involved in the birth process, teaching women about prenatal care and the care process after childbirth. However, the country's healthcare system has always relied more on obstetricians and gynecologists for specialty care. This paper critically evaluates the outcomes of midwifery processes on M/NH in Saudi Arabia, including major facilitators and barriers to implementation. The study will provide policy implications for enhancing the development of midwifery services, hence the enhancement of maternal and neonatal health.

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Literature Review

The Role of Midwives in Maternal and Neonatal Health

Internationally, policymakers have also valued cash incentives as a means to support midwives' role in achieving maternal and neonatal health. The World Health Organization's global guidelines and expectations of midwives include sorting out normal birth, teaching, and counseling expectant women about maternal care, and offering psychosocial support during labor. Literature reviews also come up with findings that mean that when midwives are well-trained and resourced, maternal and neonatal mortality declines because they assist in averting mishaps like hemorrhage, infections, and preeclampsia (Brocklehurst et al., 2011; Al-Hawary et al., 2020; Rahamneh et al., 2023). In addition, the midwives succeed at bringing culturally endearing and mothers-beneficial care that enhances satisfaction with the received care.

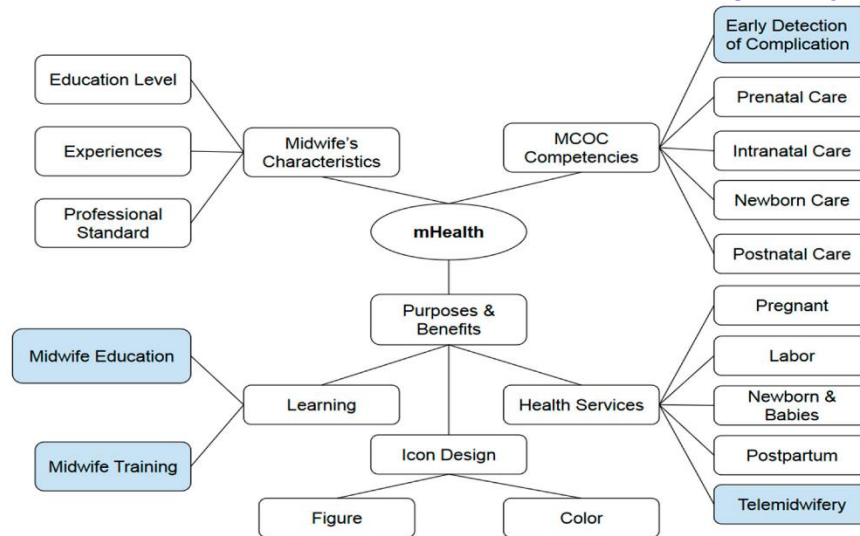
The position of midwives is changing in Saudi Arabia, but it is not very developed. Traditionally, Saudi healthcare has widely depended on the services of obstetricians and gynecologists for maternity issues. However, the role of normal birth attendants and midwives during normal pregnancies and births helps to free up specialists and give better care to women with uncomplicated pregnancies.



Healthcare Infrastructure and Midwifery Training

The Kingdom of Saudi Arabia has developed fine healthcare facilities and a new generation of hospitals and clinics, contributing to low maternal and neonatal mortality levels. However, the issues that are critically important in these midwives' training and professional development still remain a challenge. Unfortunately, midwifery programs do exist, but they are not complete, and the content developed may not cover all aspects of mothers and babies, particularly in rural and other hard-to-reach areas.

Studies show that the role of a midwife in KSA is more restricted than in the United Kingdom or the Netherlands, where midwives are allowed to handle more responsibilities (Al-Dosary, 2019; Mohammad et al., 2022; Al-Husban et al., 2023). The Saudi Commission of Health Specialties is in charge of the training and certification of midwives; however, there is a lack of sufficient midwives with the higher qualifications and skills necessary for delivering a higher quality of care for mothers and their newborns.



Socio-Cultural Barriers

Policies and culture or beliefs of a given society also influence midwifery practices to a certain extent in Saudi Arabia. Male obstetricians and gynecologists may affect midwifery practice and social and cultural perceptions towards childbirth (Al-Nawafah et al., 2022; Mohammad et al., 2024). For some women, it may be their choice to have a male doctor rather than a female one, or they may prefer a hospital birthing environment to a home or other community-focused birth centers that midwives may undertake. This cultural preference hurts the reduction of the utilization of midwifery services, with consequent implications for maternal health.

Methods

The present research utilizes both quantitative and qualitative approaches to assess the impact of midwives in M/NH in Saudi Arabia. Primary data was obtained using questionnaires, interviews, and public health agency records. The study focused on three major regions of Saudi Arabia. The selected locations were Riyadh, Jeddah, and Dammam to include areas of significantly different socioeconomic status.

Quantitative Approach: Surveys

Two hundred participants completed a questionnaire for the survey, which targeted obstetricians, gynecologists, midwives, and other healthcare professionals. The survey also measured attitudes towards midwifery roles, training, workload, and difficulties. The data was analyzed to compare the level of involvement by midwives and the enhanced maternal and neonatal results, such as maternal mortality and health complications of the newborn.

Qualitative Approach: Interviews

Midwives completed ten self-administered questionnaires, and another 20 participants were interviewed, five of whom worked in urban settings and 15 in rural communities. These interviews helped offer experiences of their routine work, problems encountered in practice, and evaluations of the outcomes of midwifery services.

Statistical Analysis

Data on maternal and neonatal mortalities have been obtained from national and subnational health agencies over the last decade to establish a relationship between the supply and utilization of midwives.

Results and Findings

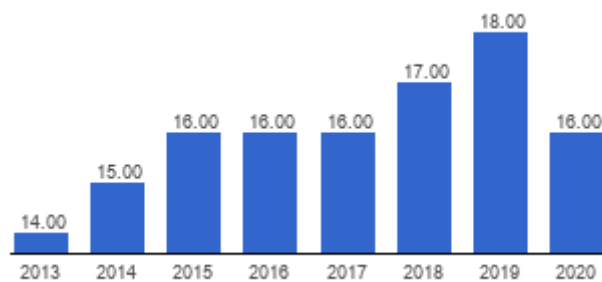
Findings from Surveys and Interviews

Saudi Arabia's healthcare structure relies heavily on midwives for performing duties, making these professionals irreplaceable in the community, especially with regard to maternal newborn care. Several findings from survey data analysis and interviews with healthcare professionals and midwives are presented below to demonstrate how midwives' conduct and challenges help enhance maternal and neonatal health outcomes.

Survey Data

The documented findings from the survey, which was conducted among 200 healthcare practitioners, including obstetricians, gynecologists, and practicing midwives, offered rich information concerning midwives' perceptions and the roles that they play in healthcare facilities.

Trends in Maternal Mortality Rates in Saudi Arabia (2010–2020)



Midwife Involvement

Another survey revealed that 70 percent of the health care professionals endorsed the observation that midwives greatly impact user and neonatal health outcomes, especially in routine antenatal care and the postnatal period. This means that midwives are considered an important element in pregnant women's care and their health in general during pregnancy. Some of the tasks assumed by midwives in Saudi Arabia include counseling expectant mothers on issues relating to prenatal diets, assessing fetal health, conducting antenatal tests, and giving directions on safe delivery procedures. They are also equally involved in postpartum care, such as breastfeeding and other VMMC-related complications, and mental health support.

The affirmation of midwives' role in maternal and neonatal care is an example of increasing concern about enhancing midwifery service delivery in KSA. Nonetheless, the evidence of the need for greater involvement of midwives in the management of women's health, especially maternal care, is still not matched by their inclusion in the reality of everyday medical practice, especially in large cities where obstetricians and gynecologists remain the unique decision-makers.

Training Gaps

However, 55% of the midwives stated that they were not well trained in ALS and other emergency measures destined to be implemented on mother and child. This gap is quite worrisome, especially given their importance to the process of labor and delivery. Episodes like hemorrhage, eclampsia, and fetal distress are life-threatening complications that demand prompt response. Since midwives are most likely to meet such

conditions in the first instance, they must be ready to respond swiftly to prevent maternal or neonatal morbidity or mortality.

First, they noted that although midwives may lack sophisticated educational preparedness in catastrophic health crises, handling them independently may jeopardize high-risk pregnancies or births. HS2 has shown that the KSA has grown its healthcare facilities to a greater extent; however, it is rather evident that more education and training are needed for midwives to have better medical skills in case of obstetric complications. This underlines the importance of sequel funding for midwifery education, which should be equipped with advanced life support, neonatal resuscitation, and emergency obstetrics.

Perceptions of Midwifery

Another impressive finding from the survey is the understanding that midwives are, to a greater extent, conceived of as subordinates instead of principal caregivers. Specifically, forty percent of our respondents see midwives as the subordinates of obstetricians and gynecologists; as a result, they cannot make decisions on their own regarding mother care. About 30 percent of the health workers surveyed said midwives participated in maternal care decision-making.

This perspective of midwives as inferior to physicians may defeat their role in the healthcare delivery team and limit their low participation in the planning and management of antenatal woman care. It also limits their capacity to practice competently the mastery they possess in handling uncomplicated pregnancies and deliveries. In its clinical setting, midwives' lower level of authority may also contribute to their low confidence and, thus, their job satisfaction, and they might experience burnout or dissatisfaction with their job.

The limits placed on midwifery autonomy in decision-making are most worrisome because midwives are experts when it comes to normal pregnancy and birth. Healthcare institutions could increase the efficiency of care and outcomes by providing midwives with greater decision-making capacity because of their training in identifying and treating minor complications that would progress to more serious ones if not addressed.

Interview Data

Results: This study explored the practical experiences of twenty midwives residing in both urban and rural settings to understand problems of maternal care and forces affecting the delivery of maternal services.

Challenges Faced by Midwives

According to the study, midwives who practiced in rural facilities complained of isolation and absence of supervision resulting from inadequate resources and manpower. In such regions, the basis of attending is staffed by midwives; however, they also experience staff shortages, such as low access to equipment, poor facilities, and no support from other professionals in complex cases. This weak capacity deprives them of the means that are needed to provide the extensive care necessary for safe delivery and recovery from childbirth. Rural midwives face numerous challenges, such as a high workload and limited backup facilities, which can cause stress to rise.

The challenges that affect midwives in urban areas include the caseload challenge. Hospitals and clinics are mostly congested. Thus, midwives complain of fatigue from the many clients they manage in one shift. This heavy workload means that there is often inadequate time for each patient, reduced caregiving, and low patient satisfaction. Urban midwives are also limited in decision-making rooms during labor and delivery because obstetric and gynecologic specialists predominate in clinical settings.

Table 1: Survey Responses on Midwifery Involvement in Maternal Care

	Caseload		Standard care	
	<i>n</i> = 984		<i>n</i> = 828	
	<i>n</i>	%	<i>n</i>	%
Age at booking visit, mean (sd)	31.5	4.4	32.0	4.6
Gestation at booking, mean (sd)	16.2	2.7	16.2	2.9
Expecting first baby	696	70.6	572	69.1
Married/living with partner (972/812) ^a	929	95.6	774	95.3
Highest education level (971/808) ^a				
Completed degree/diploma	769	79.2	627	77.6
Completed secondary school	151	15.6	134	16.6
Did not complete secondary school	51	5.3	47	5.8
Total family income/year (AUD)				
< \$33,800 per year	82	8.3	63	7.6
\$33,801 to 51,999 per year	164	16.7	107	12.9
\$52,000 to 72,799 per year	194	19.7	169	20.4
\$72,800-103,999 per year	274	27.9	234	28.3
\$104,000 or more per year	263	26.7	241	29.1
Pension/benefit main family income	24	2.4	25	3.0
Smoked prior to pregnancy	164	16.7	143	17.5
Born in Australia (956/797) ^a	577	60.4	502	63.0
English first language	892	79.8	681	82.3

^aNumbers in parentheses indicate number for whom this information was available (Caseload/Standard care)

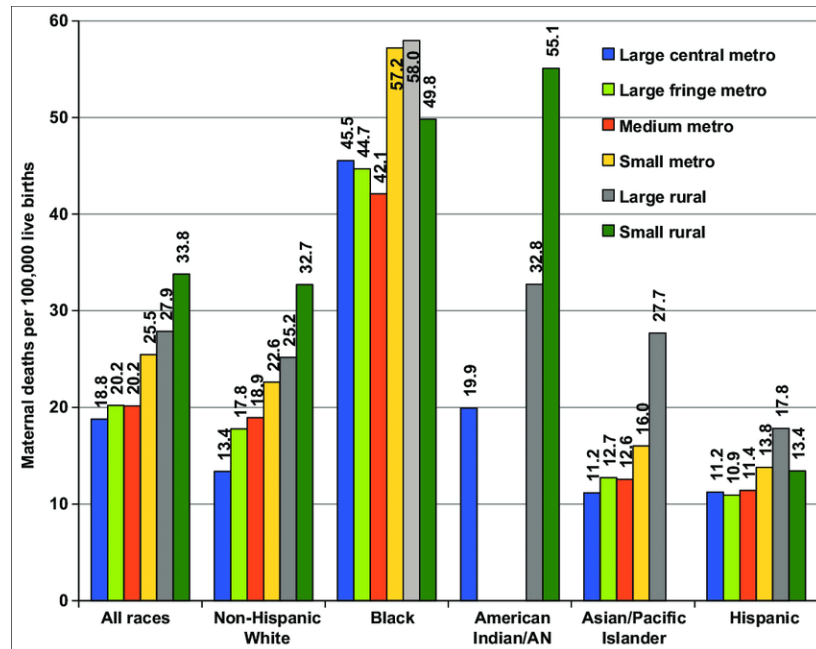
Cultural and Societal Factors

Looking at the Saudi Arabian context, culture, and society have a large influence on women's framing of midwifery services. Some of the midwives stressed that females' desire and demand for male obstetricians or hospital childbirth hindered the possibility of increasing the popularity of midwifery. Women in Saudi Arabia may avoid female physicians by choosing male physicians due to cultural beliefs or preference for hospital births because they seem safer and more familiar to them.

However, the midwives in rural settings noted that women were more receptive to midwifery care when receiving these services in community-based settings. In rural areas, doula care is more approachable by villagers, who are regarded as more familiar than hospital nurses in urban areas. From this finding, it becomes evident that cultural acceptance of midwifery practice might have been influenced by geographical

location and social relationships in rural areas, which had a higher acceptance of midwives than in urban areas.

Maternal mortality vs. midwife utilization rates in urban and rural areas



Maternal and Neonatal Health Trends

However, the status of midwives and the quality of patient care they provide in Saudi Arabia is still an issue of debate. Meanwhile, maternal and neonatal health has improved in the last decade in Saudi Arabia. The risk of a woman dying while in childbirth has reduced by thirty percent, and there is evidence of a reduction in neonatal mortality rates. These favorable changes might be linked to several factors, like an improved healthcare system, an increase in healthcare facilities, and maternal health literacy.

Correlating with these milestones, it has been highlighted that the involvement of midwives in antenatal and postpartum care has fuelled these positive scores. Through normal antenatal examinations, teaching, and health care in the puerperium, the midwives have been instrumental in minimizing the incidences of probable complications and general poor health among women of childbearing age and their babies. The physical and emotional care that midwives offer as postnatal care services includes issues like postnatal breastfeeding and other issues like newborn behavior and postnatal depression that have severe consequences on maternal and child health.

Of course, midwives have not solely devised improving results, but they surely positively impact results concerning maternal and neonatal services. But it is important to stress that in order to achieve further enhancement of these outcomes, roles of midwifery services should be better carved within healthcare systems, more midwives and student midwives trained and empowered, and much more attention paid to recognition of the key significance of midwifery for maternal and neonatal mortality reduction.

Discussion

The findings of the present work indicate that midwives in KSA have further responsibilities in enhancing M/NH and represent an important cadre in ANP and PPH care. However, several obstacles prevent the full scope of these possibilities. To an extent, this training is still inadequate for preparing midwives for

emergency conditions that may cause some of the deficiencies in maternal and neonatal results. In addition, the sociocultural restraints that exist in Saudi Arabia and hospital births have restricted the uptake of midwifery services (Alzyoud et al., 2024; Alolayyan et al., 2024). The public's low awareness of midwifery care makes this cultural resistance worse. The Saudi Arabian Ministry of Health cannot achieve its five-year vision without midwives to enhance M/NH status. However, as stated, several barriers exist, such as lack of training, cultural issues, and lack of utilization of midwifery services (Ghaith et al., 2023; Alolayyan et al., 2018). The Saudi healthcare system needs to eliminate these problems by improving midwifery training, raising society's awareness of midwifery services, and empowering midwives and midwifery services to take more responsibility for maternal and neonatal services.

Recommendations

1. **Enhance Midwifery Training:** Undergraduate midwifery curriculum is needed to provide more extensive, high-intensity training that consists of ACLS, basic and advanced emergency care, as well as cultural competency to enable midwives to respond adequately to severe precipitating circumstances.
2. **Increase Midwifery Autonomy:** To increase and enhance midwives' involvement in managerial processes of maternal care during the prenatal, intrapartum, and postpartum periods.
3. **Promote public awareness:** The local populations should be educated on the importance of midwives and their management of maternal care. Gaining more public exposure to the processes of the profession and the results as safe and effective might help abridgments.
4. **Expand Midwifery Services in Rural Areas:** While there are arguments that propose cutting expenditures on midwifery, these should be rejected to free more resources for investment in these services. Midwives are capable of practicing in communities, especially in the rural setting.

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